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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	
	First Inventor or Application Identifier	RONALD D SMITH
	Title	SLOPE MASTER
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 4] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:	

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.74).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	RONALD SMITH AND PATSY SMITH			
Address	601 OAKLEY AVENUE			
City	ROANOKE RAPIDS	State	N C	Zip Code 27870
Country	USA	Telephone	252 535 5266	Fax

Name (Print/Type)	PATSY ANDERSON SMITH	Registration No. (Attorney/Agent)	
Signature	Patsy Anderson Smith	Date	2/27/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 1999</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>	<p><b>Compleat if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>RONALD DEAN SMITH</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td></td></tr> </table>	Application Number		Filing Date		First Named Inventor	RONALD DEAN SMITH	Examiner Name		Group / Art Unit		Attorney Docket No.	
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 370.00													

<h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h4> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>RO.RAPIDS SAVINGS BA 025003590</b></p> <p>Deposit Account Name <b>RONNIE&amp;PATSY SMITH</b></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Other         </p> <h4 style="text-align: center; margin: 0;">FEE CALCULATION</h4> <div style="border: 1px solid black; padding: 5px;"> <h5 style="margin: 0;">1. BASIC FILING FEE</h5> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>760</td><td>201</td><td>380</td><td>Utility filing fee</td><td>370</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(<b>\$</b>) 370</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h5 style="margin: 0;">2. EXTRA CLAIM FEES</h5> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td colspan="2">-20**</td> <td colspan="2">=</td> <td colspan="2">X</td> <td colspan="2">=</td> </tr> <tr> <td colspan="2">Independent Claims</td> <td colspan="2">-3**</td> <td colspan="2">=</td> <td colspan="2">X</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2"></td> <td colspan="2">=</td> <td colspan="2"></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>/3</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(<b>\$</b>)</td> </tr> </tbody> </table> </div>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	101	760	201	380	Utility filing fee	370	106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	760	208	380	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					( <b>\$</b> ) 370	Total Claims		Extra Claims		Fee from below		Fee Paid		-20**		=		X		=		Independent Claims		-3**		=		X		Multiple Dependent				=				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	103	18	203	9	Claims in excess of 20		102	/3	202	39	Independent claims in excess of 3		104	260	204	130	Multiple dependent claim, if not paid		109	78	209	39	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					( <b>\$</b> )	<h4 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h4> <h5 style="margin: 0;">3. 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late filing fee or oath		127	50	227	25	Surcharge - late provisional filing fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for reexamination		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for reply within first month		116	380	216	190	Extension for reply within second month		117	870	217	435	Extension for reply within third month		118	1,360	218	680	Extension for reply within fourth month		128	1,850	228	925	Extension for reply within fifth month		119	300	219	150	Notice of Appeal		120	300	220	150	Filing a brief in support of an appeal		121	260	221	130	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive - unavoidable		141	1,210	241	605	Petition to revive - unintentional		142	1,210	242	605	Utility issue fee (or reissue)		143	430	243	215	Design issue fee		144	580	244	290	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Petitions related to provisional applications		126	240	126	240	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)		146	760	246	380	Filing a submission after final rejection (37 CFR § 1.129(a))		149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))		Other fee (specify) _____						Other fee (specify) _____						<b>SUBTOTAL (3)</b>					( <b>\$</b> )
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149	760	249	380	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																																																																																	
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone	Date
PATSY ANDERSON SMITH		252 535 5266	2/27/2002
Signature			
<i>Patsy Anderson Smith</i>			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.